

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4777</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kirk</u> <u>F</u> <u>Bartz</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>130 1st Ave. N.W.</u>  City <u>Plainview</u>  State <u>Minnesota</u> ZIP Code + 4 <u>55964</u>	4. Name, file number, and address of labor organization. Name <u>U.A. Local #6</u>  Labor Organization File Number <u>046884</u>  P.O. Box, Building and Room Number, if any <u>P.O. Box 6375</u>  Street <u></u>  City <u>Rochester</u>  State <u>Minnesota</u> ZIP Code + 4 <u>55903</u>
5. Position in labor organization. <u>Finance Committee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kirk Bartz 8-4-05

On

8/4/2005

Date

507-534-3108

Telephone Number

Name of Person Filing Kirk Bartz	File Number U-
----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Putnam Investments</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Post Office Square</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02109</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers &amp; Steamfitters Local #6 Pension</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6375</p> <p>Street</p> <p>City Rochester</p> <p>State Minnesota ZIP Code + 4 55903</p>	<p>11.a. Nature of such dealing.</p> <p>Fund Manager</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf Outing</p> <p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/04 to 12/31/04. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

*Kurt Baatz 8/4/05*